ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			09 20 00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	ΑΑ		3-24-00

INDEX OF CLAIMS

✓ .... Rejected N .... Non-elected
= .... Allowed I .... Interference
– (Through numeral)... Canceled A .... Appeal
.... Restricted O .... Objected

Claim		Date									Claim		Date								Claim		Date							
Final	Original										Final	Original									Final	Original								
	1	✓	✓	✓	✓	✓						51										101								
	2	✓	✓	✓	✓	✓						52										102								
	3	✓	✓	✓	✓	✓						53										103								
	4	✓	✓	✓	✓	✓						54										104								
	5	✓	✓	✓	✓	✓						55										105								
	6	✓	✓	✓	✓	✓						56										106								
	7	✓	✓	✓	=	=						57										107								
	8	✓	✓	✓	=	=						58										108								
	9		✓	✓	✓	✓						59										109								
	10		✓	✓	✓	✓						60										110								
	11		✓	✓	✓							61										111								
	12		✓	✓	✓	✓						62										112								
	13		✓	✓	✓	✓						63										113								
	14		✓	✓	✓							64										114								
	15		✓	✓	✓	✓						65										115								
	16		✓	✓	=	=						66										116								
	17		✓	✓	=	=						67										117								
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	49											99										149								
	50											100										150								

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)